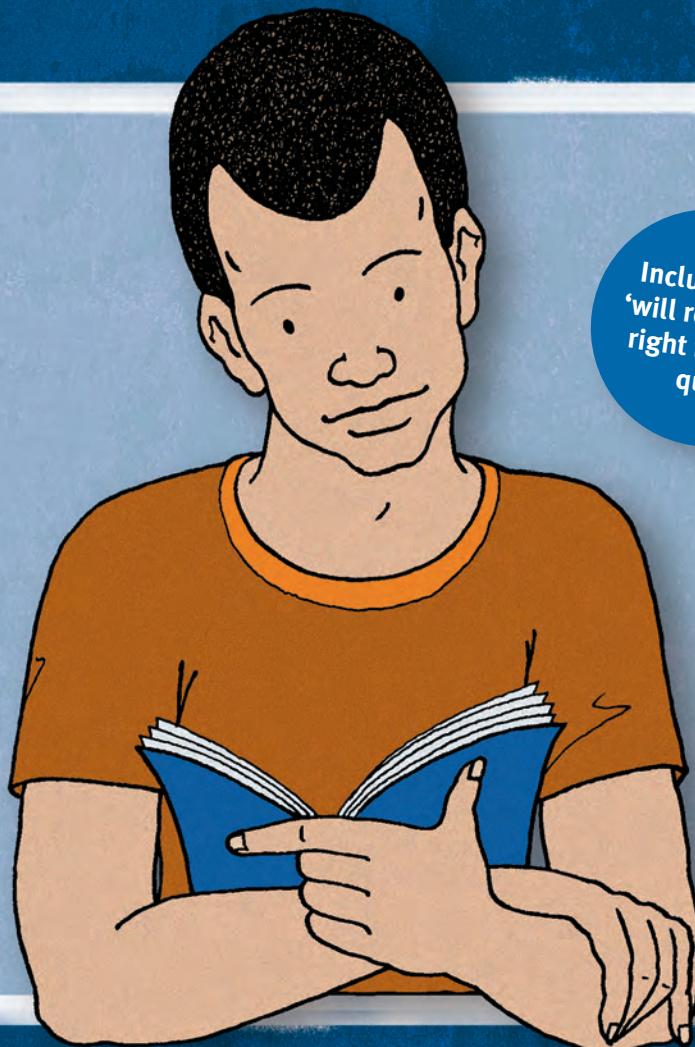


# The **Rehab** Handbook

A user's guide to rehab services and community care funding

Fourth edition





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and community care funding

**Fourth edition**

By  
Andrew Preston  
and  
Andy Malinowski



tools for harm reduction

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Written by:

Andrew Preston

and Andy Malinowski

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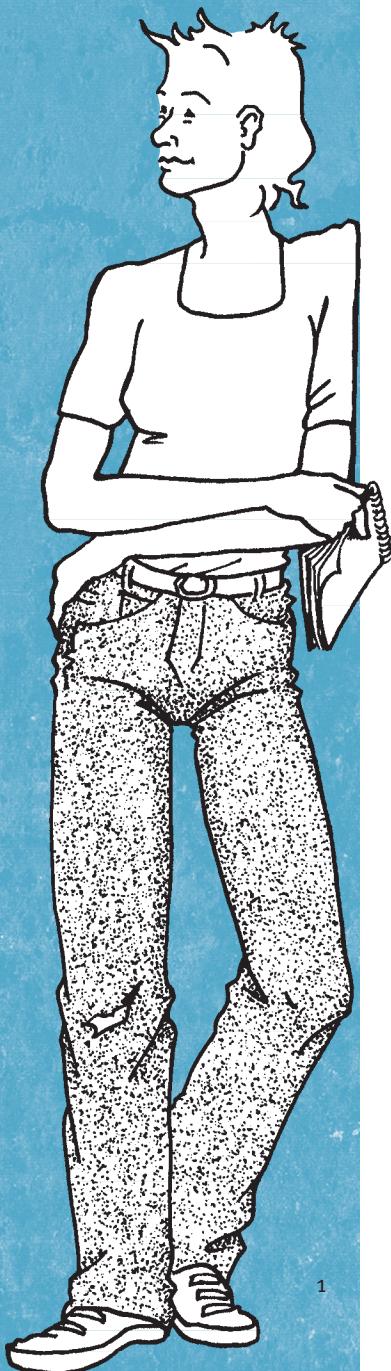
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*The Rehab Handbook* is regularly updated and revised.

If there are any comments or suggestions you would like to make, please send them to: Andrew Preston,  
Exchange Supplies, 1 Great Western Industrial Centre,  
Dorchester, Dorset DT1 1RD  
or [andrew@exchangesupplies.org](mailto:andrew@exchangesupplies.org)

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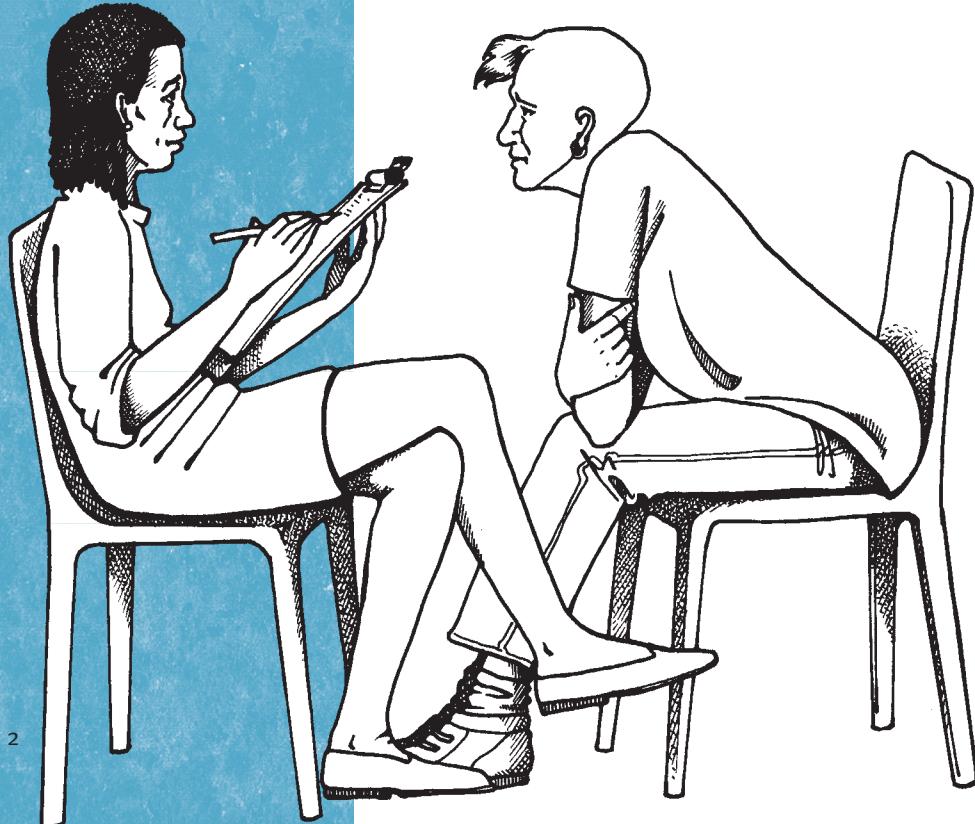
# Introduction

*The Rehab Handbook* is a guide for anyone who is thinking about using services to help them stay drug- and alcohol-free.

It explains which residential and community rehab services are available and aims to **help you decide which, if any, you would like to use, and to understand how decisions on funding are made.**

If you are drinking alcohol or using drugs most days, you may have to detox. **Most areas have NHS community and/or hospital detox services for people to access before they start rehab.** Some residential treatment programmes offer detox as part of the care; where this is the case the detox part of the programme is likely to be paid for by the NHS.

The medical issues around detox – what medication you might need, the dose and how long you will need to take it, etc. – are not covered in this book, but they will be important issues to talk to your community care assessor about (see page 5).



In the past when people talked about 'rehab' they meant residential rehabilitation services. In recent years **this has changed, as new community-based services have developed to help support people in staying alcohol- and drug-free.**

These services may not use the term rehab to describe themselves; services that also offer detox may call themselves 'treatment centres'. Community programmes often call themselves 'after-care' services or 'day programmes' or use the project or service name.

**This handbook uses the term rehab to describe any service – residential or community-based – that aims primarily to help people stay alcohol- and drug-free.**

## What does rehab mean?



# Funding



If you are thinking about using rehab services you will probably have to think about how it is going to be paid for right from the start.

Whether provided by charities or social services departments, rehab services cost money to run. The cost is worked out as a charge per person, per day or per week. It can be expensive, with residential rehab often costing more than £300 a week.

This means that only the rich and those with sympathetic employers or private medical insurance can afford to choose a residential rehab, ring up and arrange admission.

**For most adults, rehab places are paid for from the 'community care budget.' This is money held by each local authority to pay for 'social care' of the people who live in their community.** The money is usually managed by the social services department, although planning and responsibility for how it is spent may be shared with probation and/or health services.

**Funding for young people is usually the responsibility of child and family services** – if you are under 18 contact your local specialist young people's drug or advice services.

**Money from the community care budget can only be allocated to pay for rehab after a full 'assessment of need' has been carried out by a community care assessor** who has been approved by your local authority – it is your 'home authority' that is responsible for your care, even if you go to a rehab service that is far away.

**The choice of community and residential rehab services may be limited as social services departments often have contracts with one or more rehab providers to buy a number of places per year on their programme.** They do this because they are then able to influence how the programme operates and negotiate reduced costs.

In theory they are able to buy treatment places for people from other services, but they will only do so if they are sure that the services with whom they have contracts can't help.

# Community care assessment

Community care assessments for drug and alcohol rehab are usually done by a social worker (or another approved member of staff) from a specialist drug or alcohol agency. If you are on probation it may be done by a probation officer.

Your local specialist drug/alcohol agency should be able to help you contact the right person. **If you don't know where your local drug/alcohol agency is you can ring:**

- **'FRANK'** – the national drug helpline on 0800 77 66 00;
- Drinkline on 0800 917 82 82 (England and Wales); or
- Scottish Council on Alcohol on 0141 572 6700.

All offer a free and confidential service.

Once you have referred yourself you should get a letter with an appointment to see someone within a week.

At that appointment the assessor will want to find out about you, your history, your drug/alcohol use and what help you need.

They will discuss the options that may be open to you, and will agree a 'care plan' with you. The care plan will describe your needs and how any services that are provided are going to work with you to meet them. You are entitled to a copy of the assessment and care plan.

**They have to make a decision about funding rehab, having asked these questions:**

- is rehab suitable?
- is rehab really needed?
- what else could be tried?
- if other things have been tried and failed, why did they fail?

All other options must be considered, costed and rejected before rehab can be recommended.

If, having been through this process, you both agree that residential – rather than community – rehab is needed, the community care assessor will also have to go through your finances in detail. This is because you will have to contribute all income which is not required for essential living expenses to your care. Someone, usually the person who did the assessment, will take responsibility for co-ordinating the care plan. **This person is known as your 'community care manager.'**



# Complaints

This system means that not everyone who wants funding for rehab gets it. If you are not happy with a decision made by your community care assessor then you can appeal to the director of the social services department.

Complaints about how the system is working (including delays in assessing you and/or admitting you to a rehab) should also be sent to the director of social services.

**If you have a complaint about a rehab service and can't sort it out with your worker, there should be a complaints procedure that you can use to try and resolve the problem.** If your place has been funded by the community care budget it will probably be helpful for you to contact your community care manager to see if they can get involved on your behalf.



Services should be offered to everyone on the basis of need. **No one should be discriminated against in terms of getting a place at a rehab, or the service they get from a rehab, because they are a member of a minority group.**

All services should have staff who are trained to adapt the service to meet your needs whether they be different because of your ethnic background, physical disability, dietary needs, religion or sexuality.

However, some Christian rehabs may have particular problems offering services on an equal basis to people who have a different religious background or who are not heterosexual.

Equal opportunity and anti-discriminatory practice policies should cover everyone: management, volunteers, employees and service users.

**If you face discrimination talk to your community care manager: part of their job is to ensure that you are treated equally and, if necessary, to help you get things changed.**

Unfortunately there are only a very small number of residential rehabs that cater for young people under the age of 18. Funding for young people usually operates under different systems (see page 4). **The effect of this is to make it very difficult for young people to access residential services.** Young people should seek the help of their local young persons' specialist drug service (if there is one), young persons' advice service or social services child care team.

# Equal opportunities



# Community rehab

Over the last few years alternatives to residential rehabilitation have been developed in many areas. What is available varies from place to place but community rehab may include one or more of the following:

- **structured day programmes;**
- **therapeutic groups;**
- **support groups;**
- **education groups;**
- **'life skills' courses**  
(assertiveness, cooking, budgeting, etc.);
- **one-to-one counselling;**
- **day centres and drop-in services;**
- **employment training; and**
- **leisure and fitness activities.**

These may be linked with dry-house accommodation, which is sheltered, supported, shared or hostel-type accommodation.

If you need help with things like transport to and from groups or child-care costs, your care plan may include funding for these from the community care budget.



**The advantages of community rehab schemes to social services departments are that:**

- more people can be treated for the same money;
- they can exert more pressure to shape the services that people in their area need;
- services can be more flexible; and
- care managers can pick and choose the most appropriate services for each person.

With requests for community care funds for drug and alcohol rehab competing with funding requirements for child care and care for the elderly, money has to be seen to be spent effectively.

#### **Community rehab doesn't work for everyone.**

**The possible drawbacks are that:**

- **still being around the people you use/drink with can be difficult.** They may find your attempts to change hard to deal with and carry on asking you if you want to drink/use with them – especially if they see you suffering from withdrawals;
- **there is often no support at night or weekends – which can be the hardest times;** and
- **it can be hard to 'turn over a new leaf' when many other things in life haven't changed.**

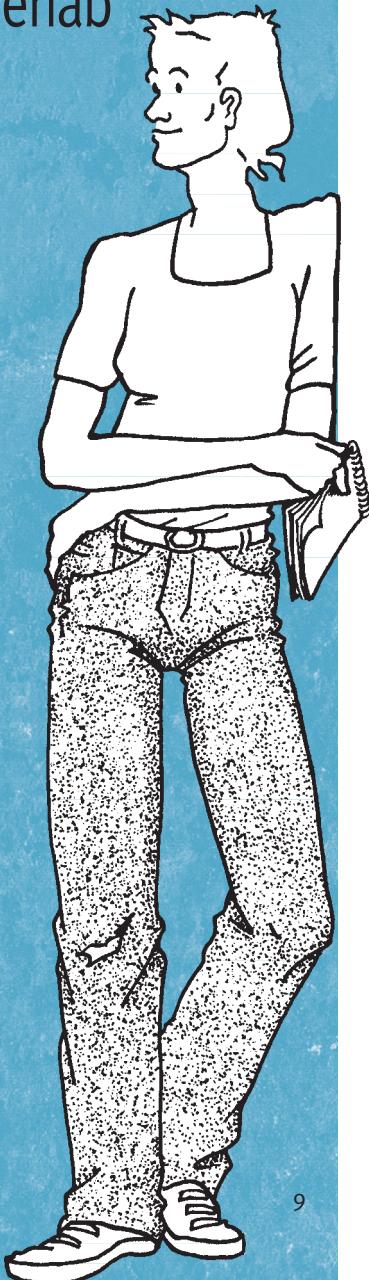
**On the other hand community rehab may mean that you can:**

- **stay at or near home during the rehab process;**
- **deal with the problems and reasons you use in the place where they happen;**
- **learn, and try out, new ways of dealing with things with support from people who can help you get it right;** and
- **pick the bits of the programme that will be most useful to you.**

You are also more likely to be able to negotiate a rehab programme with longer-term treatment aims of controlled drinking or limited drug use (for instance giving up heroin but still smoking cannabis) than if you go into residential rehab.

Weigh these up in your own mind, talk through what is on offer and work with your community care assessor to **try and sort out the best possible rehab from what is available.**

# Pros and cons of community rehab



# Types of residential rehab

Residential services vary in many ways: they have different lengths of programme, levels of support and counselling, ways of looking at life and drug/alcohol use, etc.

However, there doesn't seem to be any one type that is clearly better than the others. What is important is that you are able to work with the programme on offer.

**In fact the main thing that makes a difference as to how well people do after rehab isn't which type of rehab they've attended, but whether or not they finish the programme.**

Residential rehabs can, generally speaking, be divided into four groups according to their understanding of why people take drugs and what people need to help them stop and stay off. However, more and more residential services are combining approaches or varying the service they offer according to what suits the resident.

**The types of rehab are:**

- 12-step programmes;
- general houses;
- 'concept houses'; and
- Christian houses.

**These labels are described in more detail below.**

Most – but not all – residential services are '**abstinence based**', that is, they aim to help people get off all drugs (including cannabis) and alcohol and to stay off. You may have other aims – which is fine – it is sensible to aim for things that are achievable: **but if you don't want to sort out the things that are causing your problem drug/alcohol use and stop using forever, you may find it hard to find a residential rehab that can help you.**



The first rehabs that ran programmes based on the ‘12 steps to sobriety’ of Alcoholics Anonymous were in Minnesota, USA – which is why some UK 12-step programmes are called ‘modified Minnesota method programmes.’

**The programmes are based on the belief that, for people who are severely dependent, control over drug use has been lost and abstinence from all psychoactive substances is the only way to sustain ‘recovery.’**

Not everyone can accept this philosophy – or being told how to think about substances – but if you need to completely restructure the way you think about, and react to, drugs and alcohol this programme may well offer you a way forward.

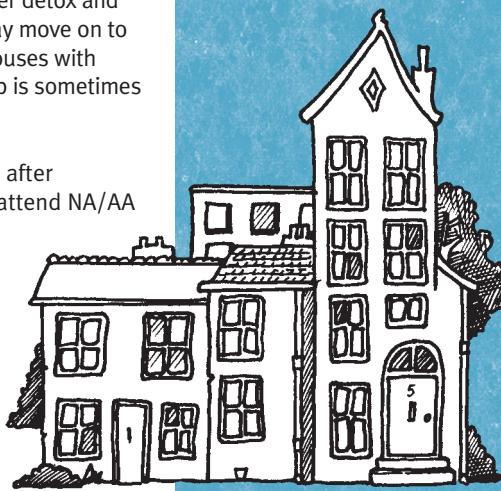
The counselling staff are usually people who have had a drug/alcohol problem which they have overcome using this method.

The programmes are structured and the day is usually carefully timetabled with very little ‘free’ time. There is a combination of ‘life story’ work, group work, individual counselling, lectures and videos. As people ‘work through’ the 12 steps their progress is evaluated by their counsellor and the other residents. Many 12-step services also offer programmes of support and counselling for families.

**12-step ‘first stage’ treatment programmes are usually 6 to 8 weeks long and generally integrate detox and therapeutic activity from first admission.** There is also a network of ‘second stage’ rehabs which run on the 12-step philosophy. People usually go into these after detox and stay for 3 to 12 months, after which they may move on to ‘third stage.’ These are usually dry/clean houses with some additional support. ‘Third stage’ rehab is sometimes funded through housing benefit.

Maintenance of abstinence is the goal and after discharge all residents are encouraged to attend NA/AA meetings regularly.

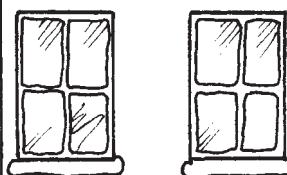
## 12-step programmes



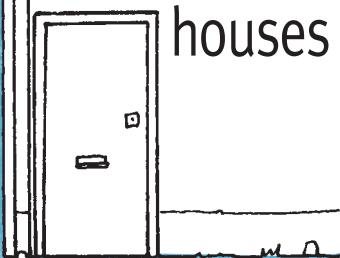
## General houses



## Concept houses



## Christian houses



General houses provide support and promote change through individual sessions, group work and/or house meetings. They generally describe themselves as 'democratic communities' and place emphasis on residents deciding what they need from what is on offer.

Each resident will usually have a key worker/counsellor who they meet with regularly to plan their care. **This model of care may be less directly challenging than other types of rehab.** A number work on the basis that what needs to be changed is current thinking and behaviour rather than looking at the past – this is known as a cognitive behavioural approach.

**General houses are more likely to offer treatment aims of controlled drinking or stabilisation of drug use and crisis intervention, although funding for residential services to meet these aims is rare as they can often be met by community services.**

Concept houses are 'therapeutic communities' which usually work from a belief that people coming into rehab have a self-image and lifestyle that need to be completely rebuilt. This is mainly done within the group. As with Minnesota model rehabs, many concept house staff have been through the programme.

**They tend to have highly structured and intense programmes which emphasise 'getting in touch with feelings' and achieving personal growth through their expression. Some people find this powerful and healing, but for others it is too much.**

Christian rehabs tend to use one-to-one counselling and house meetings rather than confrontational groups to help people change.

**They all have Christian staff but vary in the amount of emphasis they put on residents accepting Christianity** – some have programmes more like those of general houses while others believe that residents need to be active Christians and take part in prayers, bible study and church attendance to combat their problems.

Most Christian houses are single sex but may not accept residents who are lesbian or gay.

In prison there will be a ‘Counselling, Advice, Referral, Assessment and Throughcare’ (CARAT) service whose responsibility it is to help you get treatment and support during your sentence, and to help you make contact with services following your release.

The intention of the prison service is to provide the same services for people with drug problems (but not alcohol problems, unless they have a drug problem as well) that are available in the community, within each prison region or cluster.

Prison-based rehab programmes are mainly run by the agencies that run residential and community programmes on the outside.

There should be detox, counselling, group work and drug-free wing programmes using the same philosophies as residential and community programmes – see previous pages.

Clearly there are bound to be big differences between what happens, and what some people feel able to say, in prison compared to rehabs ‘outside.’ **But if you are going to get a prison sentence and want to use your time inside to get to grips with your drug use or drinking – talk to the medical officer, a member of the health care staff or the prison drug counsellor.**

## Prison rehab



# Will rehab be right for me?

**Tick all the statements that are true for you**



- 'I want to stop using alcohol and all other drugs forever'  (0)
- 'I just need to give alcohol/drugs a break for a while'  (2)
- 'I don't think anyone could know better than me what I need to do about drugs and alcohol to sort out my problems'  (3)
- 'I need to sort out the reasons why I use drugs/alcohol the way I do'  (0)
- 'If I go away I might not have anything to come back to'  (2)
- 'I've tried to stop at home but it didn't work and I've got to stop now'  (0)
- 'I don't want to stop everything – I just want to get things under control'  (3)
- 'It is important for me to have my partner/family around me'  (2)
- 'I have a history of severe mental illness'  (2)
- 'I'm the only one who can look after my children'  (2)
- 'I've tried residential rehab before and although it didn't work out then, that was a long time ago and things are very different now'  (0)

---

'I need to make some big changes in my life'  (0)

---

'I've made the decision to go to rehab in the last couple of weeks, and hadn't thought about it much before then'  (1)

---

'I really need a whole new way of looking at my life'  (0)

---

'I don't need any sort of therapy'  (3)

---

'I've got a criminal record that includes crimes of violence and/or sexual offences and/or arson'  (3)

---

'There is no way I can detox in just one or two weeks'  (3)

---

'I can't handle talking in groups'  (2)

---

'I would like people who have been in my situation to tell me how to sort out my drug/alcohol problem'  (0)

---

'I've been thinking about rehab for ages'  (0)

---

Add up the scores beside the statements you ticked

---

Total

**Now, turn the page to see what this might mean...**

# Results

0 – 3

4 – 7



8+

Below, the things you did and didn't tick are used as an indication of whether or not rehab is going to be for you and, if it is, whether residential or community rehab is likely to be more useful. However, it is not scientific and if you don't feel the 'results' are right for you, re-read the statements and talk it over with your community care assessor.

**If you ticked 3 or more statements which scored 0 and your total score was between 0 and 3 you have probably already decided that you want to go through a rehab programme. The decisions you have made and the way that you are thinking about things should mean that, if funding is available, you will probably be able to find a residential rehab or community programme that will suit you.**

**If you scored between 4 and 7 it is possible, as things stand, that community rehab and other services will have more to offer you to help you get things sorted out.**

It may be that you are not altogether certain about going into a residential rehab or that there are some things about the way most rehabs choose residents/run their programmes (or the way that funding decisions are made) that might make going to residential rehab difficult for you. The things you ticked with scores of 2 or 3 are probably the biggest obstacles.

If you want to go into residential rehab, talk these issues over with your community care assessor to see if they can be overcome. However, they will probably, at least in the short term, be looking at ways of helping you by matching you with community support or rehab services.

**If you scored 8 or over you may not be ready for the sort of big changes that most rehab services work towards.**

If the idea of getting away and sorting things out did appeal there are a number of things – particularly the ones that scored 3 – which probably mean that it will be hard to find a rehab, and even harder to get funding.

You might be able to change these things and **it could be helpful to think about using other community drug or alcohol services to help you start to get your drinking/drug use/life and mind-set ready for rehab.**

If funding is approved there are a lot of things you may want to find out before a final decision is made.  
**Below is a list of questions you may want to ask your community care manager and/or the rehab(s) you are thinking about.**

#### About the rehab:

- what sort of rehab is it? (see pages 11–13)
- is detox part of the programme?
- do I have to be drug/alcohol-free on admission?
- how long is the programme?
- are they used to dealing with people my age?
- are they accredited, or working towards, any quality standards such as 'QuADS' (Quality Standards for Alcohol and Drug Services) or Investors in People?
- can I go for an interview or is the rehab's assessment done over the phone?
- is there a waiting list? If so, how long?
- what are the house rules?
- is there a follow-up/after-care programme?

#### The programme:

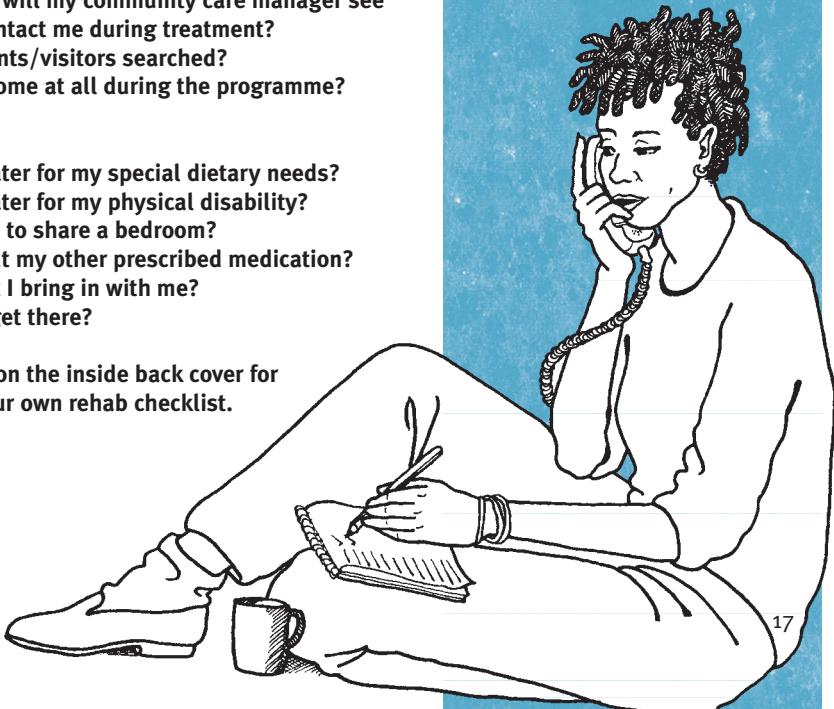
- how much contact will I be allowed with people outside?
- will I have any choice about my counsellor?
- how often will my community care manager see and/or contact me during treatment?
- are residents/visitors searched?
- can I go home at all during the programme?

#### Practical:

- can you cater for my special dietary needs?
- can you cater for my physical disability?
- will I have to share a bedroom?
- what about my other prescribed medication?
- what can't I bring in with me?
- how do I get there?

There is space on the inside back cover for you to write your own rehab checklist.

# Rehab checklist



# The right time to start



If you want to stop using all drugs and alcohol forever and got a low score on the questionnaire on pages 14 and 15, you will probably feel like the best time is right now. Unfortunately some delay is almost inevitable.

**The process from referral to admission often takes weeks while you wait for appointments, assessments and funding.**

This can be really frustrating but being prepared for the delays may help you cope with them. Rehab is a major life-changing thing to do and if it is going to work for you then it is worth the wait. **It helps if you can hold on to the desire to get off; and to use the time you are waiting to make as much progress as you can.**

While you are waiting for admission you might feel like changing your mind – **if you do feel like giving up on the idea, talk things over with your drug/alcohol worker or community care manager before you make any decisions.**

It can be really helpful to use the time before admission to do some sorting out of things that could cause problems after rehab. This would include things like:

- **bills and debts;**
- **employment/benefits;**
- **welfare of any dependents;**
- **who will look after your belongings while you are away;**
- **transport to get there; and**
- **accommodation when you get back.**

**Emotional:**

- **who you will tell that you are going;**
- **support for when you come out** – which may include your community care manager finding help for your family; and
- **talking through with people close to you about what you are doing and why.**

**Physical:**

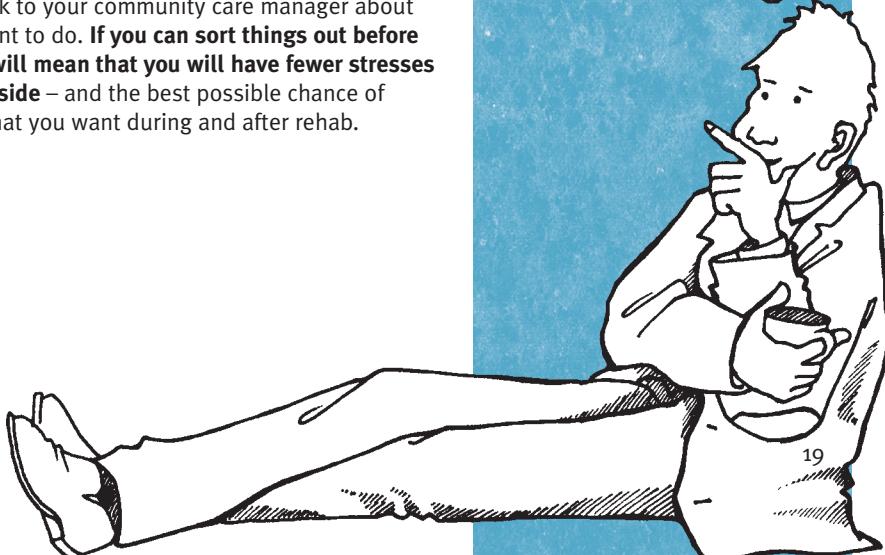
- **becoming drug/alcohol-free; and**
- **diet, health (including your teeth) and fitness.**

**Legal:**

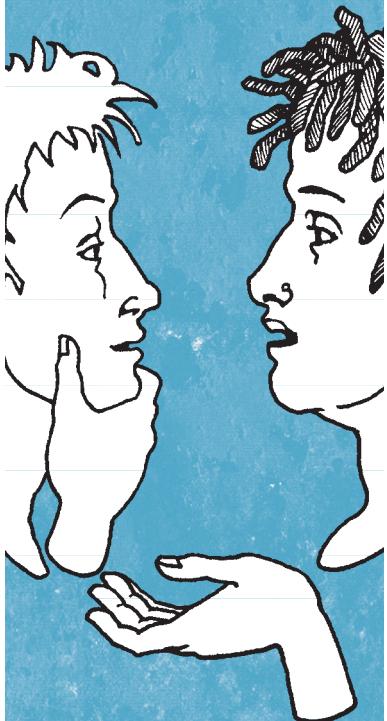
- **fines;**
- **bail conditions;**
- **probation;**
- **pending court cases** (including any marital or child custody issues); and
- **any arrest warrants.**

Make a list of the things you need to do before you go in, and to talk to your community care manager about what you want to do. **If you can sort things out before you start it will mean that you will have fewer stresses from the outside** – and the best possible chance of achieving what you want during and after rehab.

# Preparing yourself for rehab



# Making it work



It is best to go in to rehab with a commitment to making big changes and being prepared to endure huge short-term stress and emotion to achieve the long-term aim of being clean and dry. **Success often depends on determination to achieve the goal and being prepared to weather the storms to get there.**

Everyone has a unique experience of rehab, so past experiences – yours or other people's – probably won't tell you much about how it is going to be for you this time. You can expect a residential detox to be very different from – and probably easier to cope with than – anything you have tried yourself at home.

Choosing a rehab that suits you and being clear about how the programme works will help you get through.

The first few days in a rehab programme are often the hardest. A lot of people leave in the first week. **Whatever they tell themselves at the time, people who leave early usually relapse.**

**The sorts of things that unsettle people are:**

- talking in a group;
- withdrawal symptoms and cravings;
- getting used to a new routine;
- talking to strangers;
- not knowing anyone;
- sorting out what is expected;
- having to accept the authority of staff and more 'senior' members of the programme; and
- in residential programmes, homesickness.

**But if you are ready to talk through your feelings** with the staff and other people on the programme when you feel confused, anxious, angry or lonely then **you are more likely to find the support you need.**

It is a daunting prospect and you will probably feel anxious and frightened about what is in store for you. Talking it over with your community care manager may help you cope.

**A part of going into a rehab programme is accepting that 'they know best.'** Understandably, not everyone wants to do this and **it is often the cause of people leaving treatment early.** If you don't like the sound of it, talk the issue through with your community care manager as, **unless you can accept it, rehab (especially residential) is unlikely to work for you.**

# What if I lapse?

**Rehabs generally discharge anyone who drinks, uses drugs or leaves without permission during the programme.** Some may look at the circumstances: how well the person was progressing, the impact of the episode on other service users, the nature of the lapse, etc. and issue a warning. However, because abstinence for everyone on the programme is usually the aim, lapses often result in people being asked to leave.

**If you are thrown out of a rehab you are likely to lose your funding. In many areas that could mean that you won't get another chance to go to rehab for at least 6 months, possibly a year or more.**

If you discharge yourself, or are discharged, from a rehab and then realise that you want to go back, you must contact both your community care manager and the rehab straight away – usually within 48 hours – to talk to them about readmission.

People lapse and/or leave for many reasons: it may be because they weren't ready to stop or that rehab wasn't right for them.

Things don't have to get out of control following a lapse. **Understanding what caused a lapse can help you prevent it turning into a relapse.** If you do stop again, learning from the experience will make you wiser and stronger next time. Staying in contact with services is likely to help too.

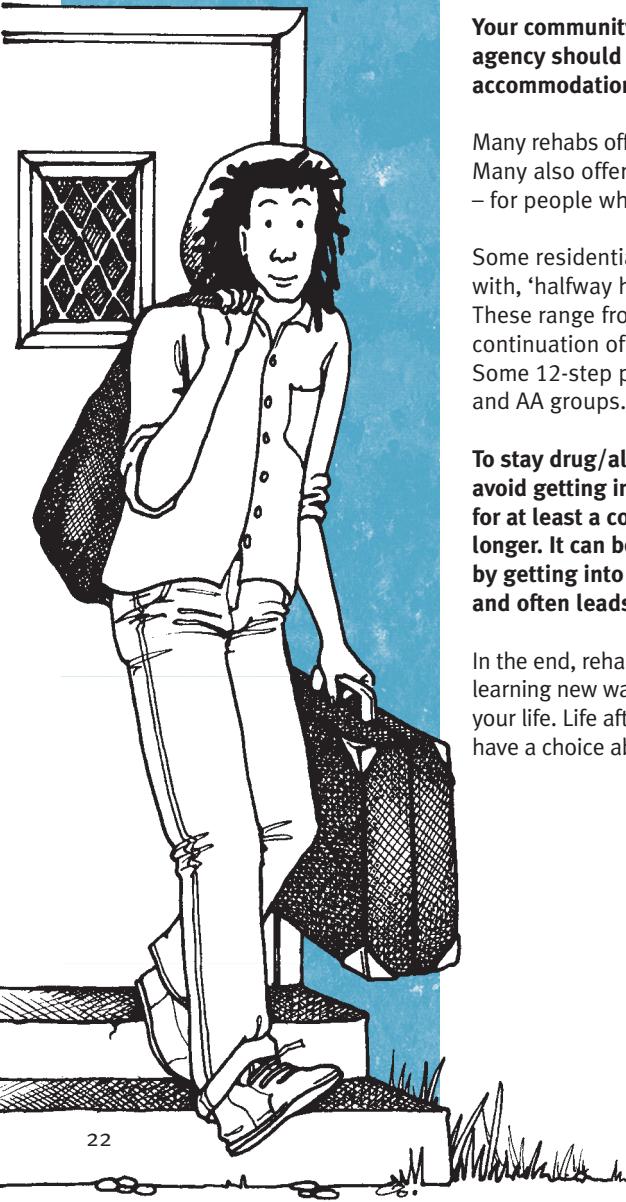
If you are leaving for good you should take your belongings with you as it may be difficult to get them back later.

## Important note for heroin users

**If you do lapse – beware of overdose: a dose that at one time would have had little effect could now kill you!**  
**Injecting is very high risk and should be avoided until you are sure of your tolerance level.**



# What do I do after rehab?



Coming out of rehab drug- and alcohol-free can be one of the **best feelings there is**.

Completing the programme may seem like a million miles away while you are still at the stage of thinking about going in – but thinking early on about what you will do after rehab can prevent accommodation, support or other problems making life difficult for you when you leave.

**Your community care manager or drug or alcohol agency should be able to help you organise accommodation and support on your return.**

Many rehabs offer help for people leaving the programme. Many also offer support – including regular reunions – for people who have left.

Some residential services have their own, or have links with, ‘halfway houses’ or ‘secondary care’ units. These range from therapeutic communities offering a continuation of the programme to supportive lodgings. Some 12-step programmes have links with local NA and AA groups.

**To stay drug/alcohol-free you will probably need to avoid getting into situations that may tempt you back for at least a couple of years – and possibly much longer. It can be hard enough without ‘testing yourself’ by getting into risky situations: it is seldom helpful, and often leads to relapse.**

In the end, rehab is about getting drug- and alcohol-free, learning new ways of coping and getting back control over your life. Life after rehab won’t always be easy but you will have a choice about how you deal with the hard times.



The **Rehab** Handbook has been revised and updated for its fourth edition.

It is a complete guide to both community and residential rehab, covering funding, finding the right type of service and making rehab work. Includes the ‘will rehab be right for me?’ quiz.

Handbooks available in this series:



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